

COURTS OF ARIZONA - NAME OF COURT Street Address City, Arizona Zip Code Phone Number

Plaintiff (Work Inj. ONLY–Plaintiff Employer)	Defendant	Case No. _____
Date of Birth _____	Address _____	PETITION for [] Order of Protection
(Work Inj. ONLY - Agent's Name)	City, State, Zip Code, Phone _____	[] Injunction Against Harassment [] Workplace Injunction
		NCIC # _____ Ct. # _____

DIRECTIONS: Please read Guide Sheet before filling out this form.

1. Defendant relationship: [] Spouse [] Ex-spouse [] Lived together (now or before) [] Child in common [] Dating (never lived together) [] One of us pregnant by the other [] Parent

[] Other: _____

2. [] If checked, there is a pending action involving maternity, paternity, annulment, legal separation, dissolution, custody, parenting time or support in _____ Superior Court.

Case #: _____ (COUNTY)

3. Have you or the Defendant been charged or arrested for domestic violence OR requested a Protective Order?

[] Yes [] No [] Not sure

If yes or not sure, explain: _____

4. I need a Court Order because: (PRINT both the date(s) and briefly what happened):

Date(s)	Describe what happened (Attach additional paper if necessary – Do not write on back)

Case No. _____

5. The following persons should also be on this Order. As stated in number 4, the Defendant is a danger to them:

_____ (/ /)	_____ (/ /)
Birth Date	Birth Date
_____ (/ /)	_____ (/ /)
Birth Date	Birth Date

6. Defendant should be ordered to stay away from these locations, at all times, even when I am not present:

☐ Home _____

☐ Work _____

☐ School / Others _____

7. ☐ If checked, because of the risk of harm, order the defendant NOT to possess firearms or ammunition.

8. ☐ If checked, request an order for the Defendant to participate in domestic violence counseling or other counseling.

9. Other: _____

Under penalty of perjury, I swear or affirm the above statements are true to the best of my knowledge, and I request an Order / Injunction granting relief as allowed by law.

Plaintiff

Attest: _____ /_____/_____
Judicial Officer/ Clerk / Notary Date